



**STATE OF CONNECTICUT**  
 DEPARTMENT OF CONSUMER PROTECTION  
 State Board of Accountancy  
 Email: [dcp.accounting@ct.gov](mailto:dcp.accounting@ct.gov)  
 Website: [www.ct.gov/dcp](http://www.ct.gov/dcp)

## **Exam Extension Request**

For reasons of health, military service, individual hardship or any other problematic issues while taking the CPA Examination, the Board may, in its discretion, extend the time limit for passing all remaining subjects.

Exam Extension Requests must be submitted with proper documentation to the address indicated below. You will receive a written response informing you whether your request has been granted or denied.

### **Section I: Applicant Information**

First Name		Middle Initial	Last Name	
Residence Address		City	State	Zip Code
Telephone Number	Email Address		Social Security Number*	Date of Birth
Mailing Address (if different from above)				
Address		City	State	Zip Code

\*The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to CGS17b-137a.

### **Section II: Exam Portion Requiring Extension**

FAR <input type="checkbox"/> Original Date of Exam _____	REG <input type="checkbox"/> Original Date of Exam _____
Audit <input type="checkbox"/> Original Date of Exam _____	BEC <input type="checkbox"/> Original Date of Exam _____
Intended Completion Date _____	

### **Section III: Reason for Request**

Medical <input type="checkbox"/>	Military <input type="checkbox"/>	Good Cause <input type="checkbox"/>
Please be sure to attach supporting documentation at time of submission.		
Signature of Applicant		Date

➔ Return your completed request form and supporting documentation to:

**Department of Consumer Protection  
 State Board of Accountancy  
 Attn: Legal Division  
 450 Columbus Blvd, Ste 901  
 Hartford, CT 06103**